

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Conepuppy Cyber Wurx, LLC

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): CP Cyber Wurx, LLC
Cyber Wurx

Address of Service Provider: 12430 Tesson Ferry Rd., St. Louis, Mo. 63128

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Christopher Schwarz

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
12430 Tesson Ferry Rd.
St. Louis, Mo. 63128

Telephone Number of Designated Agent: 314-843-3453

Facsimile Number of Designated Agent: 314-729-6117

Email Address of Designated Agent: _____

Signature: _____ **ative of the Designating Service Provider:**
Date: 3/16/00

Typed or Printed Name and Title: CHRISTOPHER SCHWARZ (PRESIDENT)

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

114168161



114168161

RECEIVED

MAR 29 2000

RIGHT OFFICE